

## RESIDENTIAL CARE APARTMENT COMPLEX CERTIFICATION OR REGISTRATION APPLICATION

Completion of this form is required per s. 50.034(1), Stats., s. HFS 89.53, Wis. Admin. Code, for certification or s. HFS 89.42, for registration as a Residential Care Apartment Complex (RCAC). Failure to complete this form accurately may result in a delay in processing or certification denial. Personal information collected on this form will be used for certification of a residential care apartment complex and for no other purpose. Questions about completion of this form may be directed to 608-264-9888. Send the completed and signed form to the Bureau of Quality Assurance Regional Office that serves the county in which the residential care apartment complex is located.

| CHECK TYPE OF FACILITY   | CHECK TYPE OF APPLICATION  | CONSTRUCTION TYPE  |
|--|--|--|
| <input type="checkbox"/> Certified <input type="checkbox"/> Registered | <input type="checkbox"/> Initial <input type="checkbox"/> Update | <input type="checkbox"/> New <input type="checkbox"/> Substantial Remodeling |

**NOTE: The Bureau of Quality Assurance is to be notified of any change in the information provided on this application.**

### GENERAL INFORMATION

|                 |                  |
|-----------------|------------------|
| Name – Facility | Telephone Number |
|-----------------|------------------|

Facility Physical or Street Address

Facility Mailing Address (if different from street address, i.e., PO Box)

|      |       |          |        |
|------|-------|----------|--------|
| City | State | Zip Code | County |
|------|-------|----------|--------|

|                                   |                  |
|-----------------------------------|------------------|
| Name – Service Manager / Operator | Telephone Number |
|-----------------------------------|------------------|

### FACILITY INFORMATION

|  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> Structure is a Residential Care Apartment Complex <b>ONLY</b>   | Total number of RCAC apartments |  |
| <input type="checkbox"/> RCAC is a DISTINCT PART attached to a:<br><input type="checkbox"/> Non-RCAC Independent Apts.; no of units<br><input type="checkbox"/> NH; no. of beds <input type="checkbox"/> CBRF; no. of beds<br><input type="checkbox"/> Other (explain) | Indicate number of floors       |  |

Is this a conversion from a NH or CBRF to an RCAC? ☐ Yes ☐ No Elevator ☐ Yes ☐ No

| Apartment Type | No. of Apts. | Apartment Size In Square Feet (inside measurement) |         | Monthly Rent, Utilities, etc. Exclusive of Services |                | Cost - Monthly Meals | Number of Meals Per Day *    |
|----------------|--------------|--|---------|---|----------------|----------------------|------------------------------|
|                |              | Smallest   | Largest | Least Expensive                                     | Most Expensive |                      |                              |
| Efficiency     |              |  |         | \$  | \$             | \$                   |                              |
| 1 Bedroom      |              |  |         | \$  | \$             |                      | Cost –Monthly Basic Services |
| 2 Bedroom      |              |  |         | \$  | \$             |                      |                              |
| 3 Bedroom      |              |  |         | \$  | \$             | \$                   |                              |

\*Per ch. HFS 89.23(2), Wis. Admin. Code, all RCACs must provide minimum services to all tenants. Enter the cost of these services.

### APPLICANT INFORMATION

|                                     |  |  |                                 |
|-------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Individual | <u>FOR PROFIT ORGANIZATION</u>                   | <u>NON-PROFIT</u>                                | <u>GOVERNMENT AGENCY</u>        |
|                                     | <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation             | <input type="checkbox"/> State  |
|                                     | <input type="checkbox"/> Partnership             | <input type="checkbox"/> Church                  | <input type="checkbox"/> County |
|                                     | <input type="checkbox"/> Limited Liability Corp. | <input type="checkbox"/> Limited Liability Corp. | <input type="checkbox"/> Other  |
|                                     |  | <input type="checkbox"/> Other                   |                                 |

|              |                  |
|--------------|------------------|
| Name – Owner | Telephone Number |
|--------------|------------------|

Mailing Address – Owner

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| <b>THE APPLICANT OWNS THE:</b>  |  |  |
|---|--|--|
| <b>OPERATION</b>  | <b>BUILDING</b>  | <b>LAND</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>List all names, principal business addresses <b>and</b> the percentage and type of ownership interest of all persons or business entities having any ownership interest whatsoever in the facility, whether direct or indirect, and whether the interest is in the profits, land, or building, including owners of any business entity that owns any part of the land or building. If a partnership, then list each partner. If a corporation, then list each officer and director of the corporation. If any person or business entity named is a bank, credit union, savings and loan association, investment association or insurance corporation, it is sufficient to name the entity involved without providing information regarding the officers and directors of the entity. <b>Attach additional pages if needed.</b></p> |  |  |
| <b>LIST THE INTERESTED PARTIES RELATIVE TO THE APPLICANT</b>  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| <b>If someone OTHER THAN THE APPLICANT has ownership interest<br/>in the BUILDING and the LAND, complete the following applicable sections:</b>   |  |  |
| <b>OWNER - BUILDING</b>   |  |  |
| Name (Individual, Partnership, Corporation, etc.)   |  |  |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| <b>LIST THE INTERESTED PARTIES RELATIVE TO THE OWNER OF THE BUILDING</b>  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street / PO Box, City, State, Zip Code)  |  |  |
| Name and Title  |  | Extent of Financial Interest                             |
| Address (Street/PO Box, City, State, Zip Code)  |  |  |
| <b>OWNER - LAND</b>   |  |  |
| Name (Individual, Partnership, Corporation, etc.)   |  |  |
| Address (Street/PO Box, City, State, Zip Code)  |  |  |
| <p>The department may, without notice to the facility, visit the facility at any time to determine if the facility meets the requirements of ch.HFS 89. The owner or operator shall be able to verify compliance with ch.HFS 89 and shall provide the department access to the residential care apartment complex and its staff, tenants and records. Changes to the information on this application must be reported immediately to the Bureau of Quality Assurance and may result in having to submit a new or amended application.</p>   |  |  |
| <b>I attest that all statements made on this form are correct and accurate<br/>and that I will comply with all laws, rules and regulations<br/>governing residential care apartment complexes.</b>  |  |  |
| <b>SIGNATURE</b> - Residential Care Apartment Complex Chapter 50 Designee   |  | Date Completed   |